

IN PATIENT SUMMARY BILL

UHID : MMH202370764

IP No : IP2024001853

Patient name : Mrs.RAJESWARI T

Age : 58 Y 1 M 1 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401804

Bill Date : 22/08/2024

DOA : 19/8/2024 12:20PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,700.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 2,148.00
7	NURSING CHARGE	₹ 2,800.00
8	OPERATION THEATRE CHARGES	₹ 7,550.00
9	PROFESSIONAL TEAM FEES	₹ 47,000.00
10	RADIOLOGY	₹ 10,000.00
Gross Amount		₹ 89,873.00
Net Payable		₹ 89,873.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 10,127.00

Received Amount in Words : One Lakh Zero Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/20/2024	MMH/MH/RECH202403215	CASH	Advance Amount	25,000.00
2	8/20/2024	MMH/MH/RECH202403216	CARD	Advance Amount	75,000.00